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Dental Students Association

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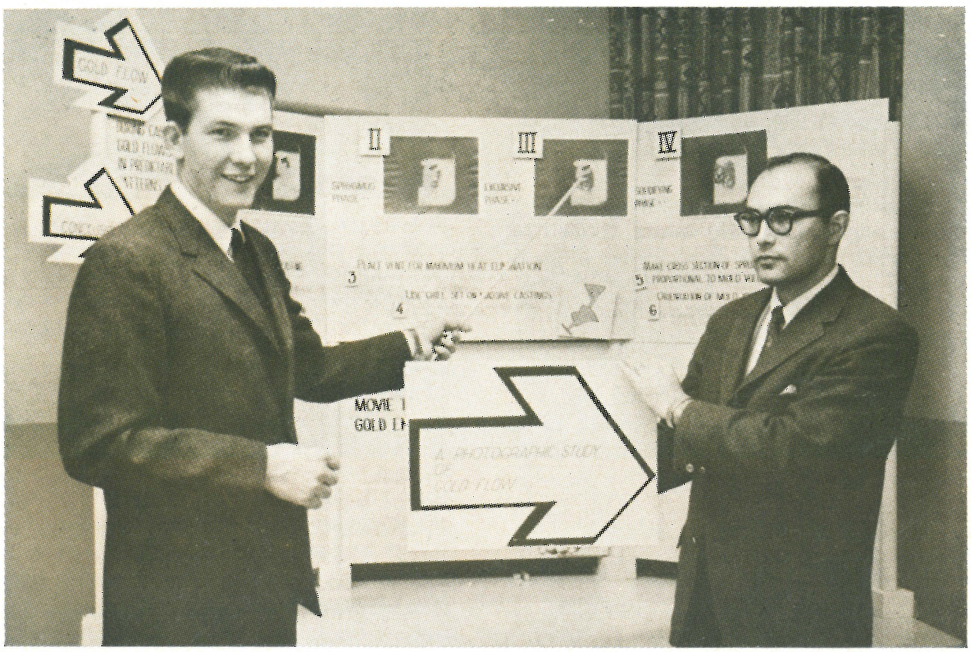
VOLUME VIII NOVEMBER 1966 NUMBER 3

OUR MEN IN DALLAS



Gary Gregory and Ray Rawson are in Dallas on November 14 for the ADA Convention and the National Table Clinic Competition, representing Loma Linda University School of Dentistry. Their table clinic entitled "Photographic Study of Gold Flow" won first prize at the March Alumni-Student Convention, thereby sending them on to the National Competition. Their table clinic is unique, being the first high-speed filming of molten gold entering the casting void. They made use of a high-speed camera (800-1000 frames per second) and a specially constructed mirror system rotating with the centrifuge and flashing images to a stationary camera (supplied by Lockheed of Redlands).

Gregory and Rawson have applied for a grant from NIH to continue their work and follow up on new phases that have come into being as a result of their independent research work. Both of these dental students have spent hundreds of hours of their time as well as the personal expense involved in making this excellent table clinic. The whole School of Dentistry is very proud of the work of Gary Gregory and Ray Rawson and wish them the best at the National Table Clinic Competition in Dallas.

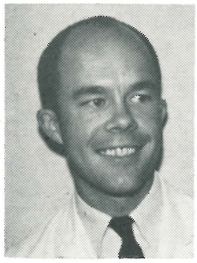
Gary Gregory, 24, married and the father of two children, completed his predental work at the University of California at Davis. He has long been interested in Dental Research and this last February was sent as the representative of Loma Linda Dental School to the National Institute of Dental Research in Washington, D.C. to study with the top research scientists in the dental field. He attended seminars and became familiar with the Dental Materials Division of the National Bureau of Standards. Gregory was part of the Gregory-Rawson team that won the Table Clinic Competition at the Loma Linda Alumni-Student Dental Convention, receiving the first prize money of $200.00 and a plaque honoring their table clinic.

Gregory plans to continue this interest in research, along with obtaining the M.S. degree and pursuing independent study. His home town of Sacramento will be the location of his practice after he graduates in 1968.

Ray Rawson received his B.S. degree in Zoology-Chemistry at Nevada Southern University. He is 26, married and the father of four children. Before coming to Loma Linda, Rawson worked in the U.S. Public Health Radiological Laboratories in Las Vegas, and co-published an article on his work in *Health Physics,* a national journal, in 1964. Ray Rawson is a dental student with both an outstanding academic and clinical record. He would like to take a teaching position combining clinical instruction and independent research into physical and biological aspects of dental research.

The ingenuity that Ray Rawson and Gary Gregory have shown in venturing into this whole new field of photography of molten gold casting, as exemplified by their table clinic, gives evidence that their efforts in future dental research will be as fruitful and rewarding.

SPECIAL FEATURE "SOCIALIZED DENTISTRY"



Starting Your Table Clinic

By ROBERT SMITH
DSA President

One of the unique features of the Dental Profession and its conventions is the Table Clinic. The popularity of this medium of communication has grown so that now there are National Table Clinic competitions held each year.

Since the table clinic has become so popular, one who is entering the profession of Dentistry would do well to familiarize himself early with the benefits of a good clinic. A definition of a Table Clinic is: A dynamic presentation of a single concept or procedure. The idea of singleness is very important because you will not be able to keep your audience's attention if you try to present more than one idea at a time. Upon viewing his first table clinic session, one quickly becomes aware of a carnival atmosphere. The attractions are distributed within a confined area—each assigned its respective location and "barkers" proclaim the merits of each. Also, as in the carnival, the "barker" considers his attraction to be the one that will bring you the most happiness, success, etc.

A Successful Table Clinic

There are several musts to a successful table clinic. First, much thought in choosing the topic; second, the clinician must have eye-catching posters on the topic that will appeal to the observer at a glance. Third, the presentation must be such that the passer-by can be drawn into the conversation as soon as he stops. If this is not possible, many people will move on and not listen to what you have to present. Fourth, the clinic must be short enough that the people listening will not grow weary. It will surprise you at your first clinic how fast people will turn away from a long presentation.

Though aspects of successful table clinics have been described, it must be mentioned that the particular aspect most essential is a dynamic presentation. Many excellent table clinics have failed for lack of this.

Now you are probably wondering what all this has to do with you. Everyone of you will have the opportunity of taking part in the table clinic presentataion this spring at the student convention.

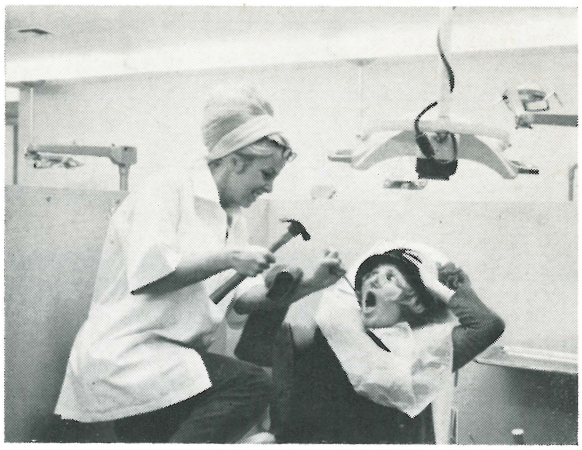
Loma Linda has placed among the top three winners at the Annual American Dental Association Convention for the past four years.

Past Loma Linda Winners

1962	John DeVincenzo	Second Prize
1963	Don Jeffries	Third Prize
1964	Larry Smith	Second Prize
1965	George Lyman and Chuck Woofter	First Prize

As for 1966, I'm sure that we will do well at this year's convention in Dallas, but we need some more winners for years to come. So start thinking of your table clinic now.

DSA, Thursday, November 10



Preview skit photo: Suzie Hazlewood and Phyllis McCourry

HOW TO SUCCEED IN DENTAL HYGIENE (WITHOUT REALLY TRYING)

Does LLU *really* prepare the hygienist for the reality of the work-a-day world? One hopes so, but never really knows until it is faced, as the hygienists showed everyone in a play at DSA November 10.

Real life situations were first faced by our hygienist-on-the-go. The scenes portrayed life at its best and worst in an actual dental office. However, we all hope that this "reality" doesn't really exist.

The second scene was a satire on the possible future of a hygienist? We hope not however. Our hygienist advanced to the position of dentist by default and the dentist became the new, and not very efficient dental assistant, who was subsequently fired due to his incompetency. Yes, we realize this is only a dream, (or nightmare), but it has a great message for all dental students: A Hygienist in hand is worth two behind the drill.

CAST

Narrator	Jim Petrik	Dirty Old Woman	Karen Hanson
Hygienist	Lyndy Harsh	Talker	Sandy Gilbert
Dentist	Suzie Hazlewood	Child	Shirley Craig
Beatnik	Sharon Ayers	Patients:	Suzanne Rouhe
Scared person	Phyllis McCourry		Cheryl Harrison
			Judy Loudin
			Lorraine Ehrler
Sexy man	Frank Baughman	Director	Ginny Leimberger

The Contrangle is a non-profit newspaper published monthly by the Dental Students Association, Student Chapter of the National Association of Seventh-day Adventist Dentists at the LLU Printing Service in Loma Linda, California.

Volume VIII November 1966 Number 3

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Robert Roy
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Gary Ziegenhagel
Illustrator ..... Paul Lines

FRESHMAN — SOPHOMORE PICNIC

By LARRY WILL

Varoom!—and the Sunday afternoon cyclists were off on their rally course which signaled the start of the Freshman-Sophomore Dental Picnic. A strange thing soon happened—only one Freshman came across the finish line. Whether this was due to a lack of publicity, an overdose of anatomy, or just an extra year's practice by the Sophomores is unanswered—but the score now stood at 150 Sophomore points to a dismal 10 for the Freshmen. So ended part I of the picnic.

Part II began at 12:30 p.m. on Monday, October 24, the formally-announced day. Ping Pong was the first order of events and, after Roland Postlewait and other Freshmen took on such Sophomore "pros" as Don Sandquist and Quint Nicola, the Freshmen again found themselves on the losing end, 60 to 10. Was this to be Black Monday for the Class of '70?

Desperate activity to scrounge up some victory drove the underdogs to a 20-20 split in the following tennis singles and doubles. Inspired by this victory, a new confidence and hope filled Darrell Rich and Bob Prunty as they helped the Freshman volleyball team to wham down the Sophomores. A look at the scoreboard now revealed a more encouraging 230 Sophomore - 100 Freshmen score, with both the 160-point Football and 90-point softball games to be played.

While the sandlot baseball teams were walking all the men around the bases (well, almost all the men), word came that the Freshman team was leading in the football classic which was being played at the same time. A classic it was, a knock-'em-down-and-stomp-on-'em classic, that is. Back and forth the two teams crashed causing the referee, Mr. Roby, to be kept more than busy calling plays, penalties, and acting the official referee. In the long-fought end the Freshmen outlasted their opponents to obtain the 160-point prize. Needless to say, the two teams were well-balanced—as perhaps Bill Arnett or Mickey Francis or John Eller or Vann Cockrell could testify—if their victory wounds weren't evident enough!

Soph. Dave Johnson stops at wrong "Sign of the 76" check point in cycle rally

Meanwhile, back at the sandbox, er-sandlot, the great ballgame was speeding by with only 5 runs being scored by each side in the first inning. Each succeeding inning became more dynamic with such things as Tom Phelps being sent in to replace the starting Freshman pitcher and Dennis Teruya performing the same mission for the Sophomores. As soon as these replacements were properly warmed up the players were again allowed to start walking around the bases. Excitement flared as the Sophomore team approached the middle of the game by scoring about 8 runs in one inning. And on the great marathon went, with the final score being 23 to 15. (Yes, this was baseball). The Sophomores had the 23.

Spaghetti, French bread, salad and dessert were furnished by the Sophomore hosts at a dinner held in the L.L.U. Academy Cafeteria. Second, third and fourth helpings of this free food filled the empty stomachs of all and even helped smooth over the final winning Sophomore score, 320 vs. 260.

But just wait until the Spring Picnic!

DENTISTRY IN ACCREDITED HOSPITALS

(Reviewed from the *Harbor Dental Log*, November, 1966)

The Commissioners of the Joint Commission on Accreditation of Hospitals encourage hospitals that do not have dental departments to establish them as a means of strengthening and broadening the role of the hospital in total community health care. The dental service of such a hospital might encompass the total practice of dentistry or be limited to a particular area.

Patients admitted to the hospital for dental care must be given the same careful medical appraisal as those admitted to other services. This makes the care of dental patients the dual responsibility of the dentist and a physician on the hospital staff, each limited to his respective field as defined. Policies concerning the admission and discharge of dental patients should be mutually agreed upon by the medical and dental staffs, and clearly stated in the bylaws of the hospital. The important factor is not the procedure, but the assurance that the dental patient is well cared for by both the dentist and a physician. It is reiterated that every dental in-patient must have a staff physician who is available and will be responsible for the medical aspects of the patient's care throughout the hospital stay.

DENTAL MISSION WORK IN SOUTH AMERICA

By DON CRAM

A recent letter from Elder E. S. Nigri, Missionary Sec. of the South American Division, contains the following report of the use of dental missionaries in South America. "There are many Seventh-day Adventist dentists in South America, but only a few missionary dentists are employed in our organization. The places in South America where missionary dentists are employed are as follows: One in the Belem Hospital, Amazonas, Brazil; one in River Plate Sanitarium, Puiggari, Argentina; and one in the Stahl Clinic, Iquitos, Peru. These dentists are doing very good work. South America is just beginning this work."

From interviews with some returned missionaries many of the reasons for few, if any, foreign dental missionaries were learned. The main reason why foreign dentists are not employed in this type of service is due to the difficulty of obtaining a license to practice in the countries of South America. In many countries it is necessary to take most of one's formal dental training within the country in which he wishes to practice. All countries require strenuous written and oral boards with at least some formal schooling within that country. As things now stand, most of the dental missionary appointments are filled with national dentists.

Socialized Dentistry

An Interview With
DR. JAN ODEGAARD

The staff of the Contrangle appreciates Dr. Jan Odegaard's taking the time from his busy schedule of Orthodontics post-graduate work at Loyola University in Chicago to answer these important questions on the dental system in Scandinavia.

It appears that the U.S. Government uses the principles of operation of the Scandinavian Health Services as a model for its proposed American Health Programs. The importance of American dentists and dental students knowing about Dentistry in Scandinavia is obviously of extreme consequence for their having an educated reaction to proposed governmental programs. The system in Scandinavia is working with a great deal more of success than in other socialized countries for reasons which this feature article will present in the form of specific questions by the Editor presented to Dr. Jan Odegaard followed by his answers.

QUESTION: Dr. Odegaard, would you please give us a picture of your Socialized Dental System and how it works.

ANSWER: Many people in this country have an idea of Socialized Dentistry whereby the dentist is paid a fixed salary per year. In Scandinavia the situation is different—we have an insurance program run by a government body, where a fixed amount is paid by this body for each specific procedure. The dentist is free to charge what he believes to be a fair fee, but the patient is only refunded the specified amount that the government body allows. Consequently, if a dentist wants to charge high fees he is free to do so, and it is up to the public whether they will go to him, as they must pay the balance of the dentist bill that the government body doesn't pay.

The difference between America and the Scandinavian countries will be, therefore, that in this country the insurance program is run by private Pre-payment corporations. In the four Scandinavian countries we have a little of both systems, and I will now speak specifically about Norway because I know the system better in my own country.

The socialized dental program in Norway provides free dental treatment for all children from the age of 6 years to the age of 18. In addition, it provides a small amount of dental treatment for adult patients which have to pay the service according to a scale set by the Norwegian Government. The dentists working in this service receive a fixed salary per year. It is estimated that when the build up of this service is completed, about one-third of the Norwegian dentists will be working for the government. The positions are generally found in the outskirts of Norway where there is no possibility for a dentist to set up a private practice because of the economic circumstances. In addition to these government dentists we have in the major cities a school dental program which provides the same dental care for the children as does the governmental program, but this service is run by the cities, and the dentists are paid by the local city government.

The rest of the dentists in Norway work in private practices. We have not as yet started a complete insurance program as I outlined earlier, but I expect that it will come. They are starting up in Sweden, and they have already started in Denmark. I would like to point out that this is not socialized, but the dentists will receive part of their fees from a governmental insurance program.

The differences between Sweden, Denmark, and Norway is a matter of how much adult treatment is going to be done by the government dentists. We are not doing away with the private practice. I hope this general introduction gives you a basis, or general picture, upon which to ask specific questions.

QUESTION: I understand that dental education in Scandinavia is free, with stipends paid by the government to the dental students. Is this considered a public service that the government provides, or an attempt to gain the friendship of the students (dentists-to-be) so that they will happily work in a socialized dental system?

ANSWER: All education in the Scandinavian countries is by and large free, and dentistry is by no means an exception. In Norway there are no tuition fees, but the grants given by the government vary in relation to the parent's income. In addition, all students can borrow money from a government body (Statens Länekasse for Studerende Ungdom) at a low interest rate. These grants and loans are, therefore, nothing but a public service given by the government to help the students obtaining an education.

QUESTION: Does the public in general appreciate the dental work as much as here, when there they have a state aid program in comparison to our full responsibility of payment by the patients not involved in pre-payment programs.

ANSWER: State payment only applies to children between the ages of 6 and 18. I think that both the children and the parents appreciate the program. In many areas of Norway there was no possibility of getting dental treatment unless one traveled for days. The government program has made it possible to get this service. The children appreciate it because they know the importance of good teeth, and the parents are happy because they know that their children don't have to get dentures at an early age. The children further appreciate it because they know that their parents in many instances could not afford this service.

QUESTION: Here in the United States we have dental hygienists (virtually 100% female) who do a fine service in the dental health team. Very few dental students are women, however. A quite different situation seems to exist in your countries, in regards to women. Approximately one-fourth to one-third of the graduating dentists are women, and yet they have no hygienist program like ours. It would therefore not seem to be a prejudice against women, or a lack of confidence in their ability for technical dental work. How do you explain this difference in U.S. and Scandinavia?

—ABOUT DR. ODEGAARD

Dr. Jan Odegaard graduated from the University of Glasgow, Scotland, on July 6, 1962, receiving his B.D.S. degree with Commendation, being awarded the "Dean Webster Prize" as the most distinguished graduate in 1962. Dr. Odegaard got his license to practice in Norway in December of 1962, and from January 1963 to February 1964 he served in the Norwegian Air Force. Afterwards he served as a dental officer in Northern Norway, employed by the Norwegian Government in the State Dental Service. From March to June 1965 he was an instructor at the "Odontological Institute" in Bergen. In July of 1965 he started on an Orthodontics graduate program at Loyola University in Chicago.

ANSWER: The difference most likely is due to the fact that Scandanavian women are more independent. Furthermore, there is probably less prejudice against women in Scandinavia, and all dental school acceptances are based upon grades, and not on sex. We have not as yet a hygienist program, and it may be that more women will take such a program instead of doing dentistry. *I also think that the governmental program induces women to study dentistry because they can work in the government dental programs and not have the problem of opening a private practice—this provides many dentists for the government service.*

QUESTION: Do dentists in Scandinavia have as high a living standard and social status as dentists do here in America?

ANSWER: Yes, I think the standard is relatively the same in America and Scandinavia.

QUESTION: Does the fact that those nations are a homogenous people of one common racial and ethnic stock unite the people in a team effort to make the public health systems (including dentistry) work? In comparison, the U.S. has so many different people with often very little in common, and a large number not working and getting all the benefits they can until forced to go back to work or face suspension of Federal and State relief.

ANSWER: Well, in the first place, unemployment is very low in Scandinavia due to a labor shortage, and everybody is working and paying taxes that help support the Public Health System. In my opinion, the system works for us because we did not go all the way to a complete socialized public health system. As I mentioned earlier, this is an insurance program. Every week we have to pay a certain amount to the "Health Service." One can call it a tax, but it is outside the income tax. Whenever somebody requires medical or dental treatment, most of it will be paid by the "Health Service," but some of the expenses must be carried by the patient. This fact, in my opinion, tends to discourage misuse. No system is perfect, however, and I am sure some misuse does take place, but I think the amount of it is much smaller than in, say, Great Britain where they have introduced complete socialized public health service.

QUESTION: I understand that there are quite long waiting periods for dental care in Scandinavia. How does the public react to this?—even when they get the work done at only part of the actual cost?

ANSWER: You are now referring to Sweden where there is a long waiting time for adult clientele wishing to be treated by the government dentists. As mentioned earlier, they do provide a limited amount of adult treatment, and they are in no position to do all that is necessary. There is, however, no problem if one decides to go to a private practitioner. The public in Sweden does not like this situation, but they cannot get enough dentists to fill the vacant positions.

QUESTION: Denture making is often done in Scandinavia by "Denturists" who are not dentists. Finland just recently passed a law enabling these denturists to practice, over the opposition of organized dentistry. A correspondent of mine in Scandinavia made reference to many of the people wearing ill-fitting and often un-aesthetic looking dentures. What is your opinion as to this situation existing?

ANSWER: I have heard about this legislative problem in Finland, but I cannot speak with authority. In Norway this was a problem in the years after the war. Since then, with the start of socialized dental programs, the level of dental education of the public has increased tremendously. It has now become possible for everybody to go to the dentist, and I feel that this is not a problem in Norway any longer. It may be in isolated areas, but generally not. This is the situation in Norway, as for the other countries, I cannot speak with complete certainty.

QUESTION: One argument against free dental care for children heard in this country is that when they outgrow the age limit for free care and are then more on their own financially, they will lack motivation to pay for something they once got free—namely, dental care. What is your opinion of this line of reasoning?

ANSWER: I have heard that argument before. In my opinion a child cannot help being born poor, and if the parents cannot pay for the treatment, who then is going to pay for it? The child himself will be unable to do so. I don't think the child will be more motivated if the parents foot the bill. Motivation in my opinion can only come through education, and dental education is stressed in the schools and in the dental clinics.

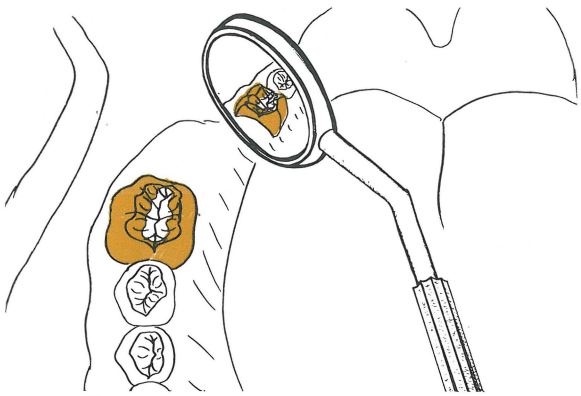
QUESTION: Your countries have among the highest caries rates in all Europe. How do you explain this?

ANSWER: Some people say that the Scandinavian diet includes less candies, etc. than the American diet. I think it is rather the opposite, and that this is the basis of our caries rate. Furthermore, we do not employ fluoridation as you do, and I think that some improvement could be achieved through such a program.

QUESTION: In an article on "Dental Practice in Denmark" by Dr. Jess Hayden, D.M.D., Ph.D., Assistant Dean, Research Coordinator at the University of Iowa, School of Dentistry, and Dr. Eigil Moerch, D.D.S., M.P.H., Director, Aarhus Children's Community Dental Health Clinics in Denmark, they conclude that our two fine dental systems have much in common in quality, etc. and that we should learn more about each other. One of the main purposes of this feature article is to follow their recommendation, and do you think that an exchange program of post-graduate doctors, like yourself, helps in this mutual understanding of each other?

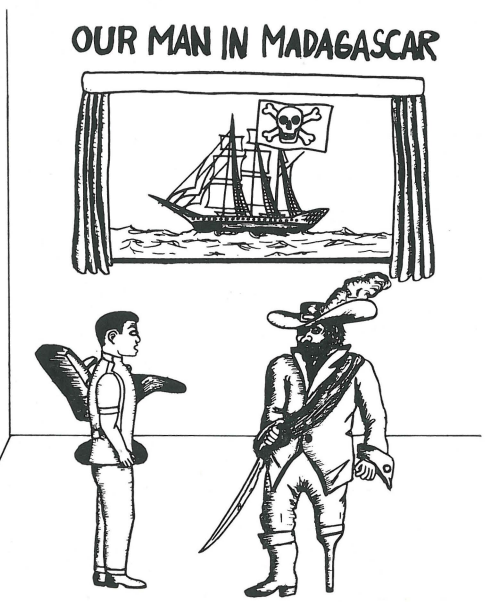
ANSWER: I think an exchange system of post-graduate dental students like the program you speak of would be a good idea, indeed, for increasing our knowledge and understanding of each other's countries.

Humor

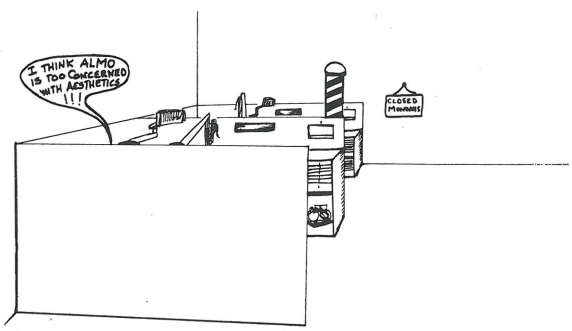


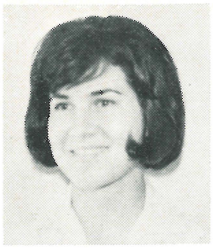
"DOCTOR, DO YOU SEE HOW THIS CROWN DESIGN PRESERVED THE OCCLUSAL TABLE"

"Now where does the Zoo Dentist want this load of temporaries for his Hippopotamus herd"



HEY DOC! YOU FIX UP THE SKULL 'N CROSSBONES OR ELSE!





Chiapas Revisited

By DEDRA ANDERSON

Twenty minutes out of Tuxtla our lovely bus had its first breakdown. A group of us decided to start walking and let the bus pick us up after it got going again. For 2½ to 3 hours we had a real good look at the immense greenness of the country, in spite of the heat. Finally we heard our poor bus chugging up the hill and practically had to catch it on the run so it wouldn't die again. Our "nice new" bus had a habit of breaking down which seemed pretty funny after awhile.

When the pavement ended, we rattled and bumped along on what was supposed to be a road, and eventually about midnight we reached Linda Vista where supper was awaiting us. As all lights go out at 10:00 p.m., we had to set up our sleeping bags by flashlight before we could ease our shaken bodies to rest.

Around 5:30 a.m. our short and deep slumber was shattered with music. In my slow awaking I thought it was someone's radio and wished they would shut it off. But as it continued and I drifted awake, it became beautiful and symbolic; for we were being serenaded by marimba and guitar players and singers. It is the custom for the students at Linda Vista to welcome visitors in this manner. We were fortunate enough to hear their music several more times during our stay.

The people at Linda Vista were very friendly and made our stay most enjoyable. We worked from 8:00 a.m. to 5:00 p.m. daily, and entertaining ourselves in our group with singing, playing guitars, shooting off rockets, and hiking.

Working in the dental clinic was very interesting as we had the opportunity to assist and practice things we hadn't done before. Most of the cases were such that as hygienists about all we could do was remove the gross calculus and try to instruct the people in toothbrushing.

On our trip to Aurora Ermita there were not enough burros to go around so we traded off. Upon arriving in the village, dirty, hot, and tired, we set up our sleeping quarters, ate, and went to bed. The next morning and every morning thereafter we found that we had a group of curious Chamula Indians peering in our doorway.

From our sleeping quarters, we slipped and slid down a muddy path to our thatched hut kitchen where our cooks had to use open fires. With poor ventilation the room was usually filled with smoke. Our drinking water was even smoke flavored. Villagers brought us tortillas which we ate with bananas, or with peanut butter and jelly, or Season All. We also enjoyed delicious fresh pineapples.

Then on to our clinic which was set up in the church further down the hill. The daily rains meant two things: showers for the fellows and slippery muddy paths up and down the hill.

On our return trip to Linda Vista from Aurora Ermita, we each had a burro or a horse, and the three and one-half hour trip seemed much shorter this time. We set up clinic for one more day in Linda Vista.

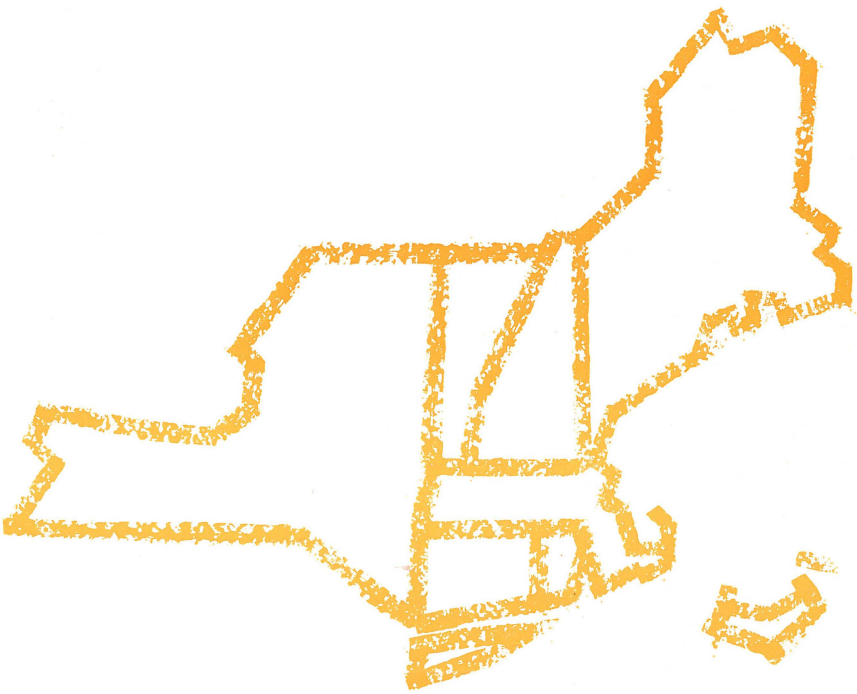
The remainder of our stay in Mexico was that of the tourist. We spent an evening and morning in Tuxtla and two nights and a day in Mexico City. Each of these places had numerous points of interest appealing to each in their own way. Time seemed to fly and before we knew it, it was time for us to leave Mexico.

This trip was an experience in so many, many ways I shall always treasure. I had the opportunity of seeing the country and finding new friends with their open simplicity and sincerity while at the same time gaining experience and finding joy in helping meet the needs of these people. Why, even the inconveniences are joys to remember.

Compliments of

THE ATLANTIC UNION CONFERENCE

In behalf of the fine contributions being made by our dedicated Loma Linda graduates within this union."



The need for dentists continues to increase as our conference membership grows. We invite you to come to live and practice in one of the areas of the Atlantic Union.

—F. R. Millard,
President

NORTHERN NEW ENGLAND
- Maine
- New Hampshire
- Vermont

SOUTHERN NEW ENGLAND
- Massachusetts
- Connecticut
- Rhode Island

GREATER NEW YORK

NEW YORK

NORTHEASTERN

BERMUDA

The Atlantic Union Conference

SOUTH LANCASTER, MASSACHUSETTS